



**SHORT-TERM RENTAL
BUSINESS LICENSE APPLICATION**

FOR RENEWALS LIST CURRENT LICENSE NUMBER _____

This application is to be submitted at least thirty days prior to the date of the intended use and prior to any advertising of a property as a short-term rental unit. Completed applications should be delivered to the City of Salida, 448 E. 1st Street, Suite 112, Salida, CO 81201.

Short-term rental business means the occupation of leasing or renting one or more short-term rental units.

Short-term rental unit means a privately owned residential dwelling, such as, but not limited to a single-family detached or multiple-family attached unit, duplex, condominium, townhome, or any portion of such dwellings, rented for occupancy for dwelling, lodging or sleeping purposes for any period less than thirty (30) consecutive days.

_____ New License (\$50) _____ Renewal of Existing License (\$25)-Due June 1st of each year

GENERAL INFORMATION - PROPERTY OWNER:

Name of Owner(s) of Rental Unit: _____

Owner(s) Mailing Address: _____

Owner(s) Phone Numbers: _____

Owner(s) E-mail Address(es): _____

RENTAL UNIT INFORMATION:

Address of Property to be used as a Short-Term Rental: _____

Number of Bedrooms: _____ Number of Parking Spaces on Site: _____

If the unit is in a multi-family complex, are off-street parking spaces allocated to this unit?

_____ Yes _____ No If yes, how many spaces? _____

Vacation Rental Website Number: _____ **CO Sales Tax License Number:** _____

LOCAL CONTACT INFORMATION:

(The property owner may either designate him or herself as the local contact or some other responsible party **in the Salida area**).

Responsible Party Name: _____

Responsible Party Mailing Address: _____

Responsible Party Phone Numbers: _____ Responsible Party E-mail Address: _____

ADMINISTRATIVE USE ONLY: Business License No. Issued: _____

_____ Application form is complete, signed
_____ Occupancy Information Completed & Returned

_____ Application fee collected of \$_____
_____ Fire Inspection Checklist Completed & Returned

Application received by: _____ Date: _____

Application approved by: _____ Date: _____
City Administrator

REQUIREMENTS, RESTRICTIONS AND STANDARDS:

1. **The Owner or responsible party must obtain all required licenses and permits before beginning operations as a short-term rental business.**
2. **The business license number must be displayed in all advertising, including postings on vacation rental websites and signs around units.**
3. There must be a designated responsible local contact person who is responsible for ensuing compliance with provisions of the Salida Municipal Code intended to ensure the health, safety and quiet enjoyment of our neighborhoods (eg; snow and ice removal, weed control, trash removal, noise levels, etc). The local contact must be available to immediately respond to any issues arising from the short-term rental. The designated responsible party may be the owner of the property.
4. All vehicles shall be parked in designated parking areas, such as driveways and garages, or on the street where on-street parking is allowed.
5. The owner or responsible party shall collect and pay all applicable taxes including Colorado, Chaffee County and Salida sales tax, Chaffee County lodging tax and City of Salida occupational lodging tax.
6. The owner or responsible party is responsible for ensuring that the short-term rental meets all applicable local, state, and federal regulations. For example, §38-45-101 C.R.S. et seq. requiring carbon monoxide alarms in residential properties.
7. On properties with an accessory dwelling unit, only the primary dwelling on the property shall be eligible for a short-term rental permit in accordance with the Salida Land Use Code.
8. The City of Salida is not a party to and does not enforce any private covenants. Property owners should review covenants that apply to the property they wish to use as a short-term rental since covenants may restrict an owner from engaging in the use of their property as a short-term rental.
9. The following must be posted in a prominent and visible location in the short-term rental unit:
 - a. City of Salida Short-Term Rental Business License.
 - b. Contact information for owner and/or responsible local contact including a phone number for 24 hour response to emergencies.
 - c. Diagram depicting the location of fire extinguishers and emergency egress.
 - d. Any other information deemed necessary by the Community Development Director or Building Official to ensure the public’s health and safety.

NOTE: A Short-Term Rental Business License will only be issued after the application has been reviewed and approved in accordance with the Salida Municipal Code. Specific terms and conditions may be included in the license. A change in ownership requires the new property owner to apply for a new permit. Short-Term Rental Business Licenses expire on May 31 of each calendar year. **Completed applications should be delivered to the City of Salida, 448 E. 1st Street, Suite 112, Salida, CO 81201.**

OWNER’S SIGNATURE/CERTIFICATION:

By my signature below, I represent that all information contained in this application is true and correct to the best of my knowledge. I further certify that I have read the City of Salida Short-Term Rental Business License regulations in Chapter 6, Article VI of the Salida Municipal Code.

Owner(s) Signature: _____ Date: _____

Owner(s) Signature: _____ Date: _____



SHORT-TERM RENTAL UNIT SELF – INSPECTION WORKSHEET

Occupancy Information (Please Print in Blue or Black Ink)

Name of Person Completing Inspection: _____

Date Inspection Performed: ____/____/____

Occupancy Street Address: _____

Occupancy Phone: _____

Building Owner's Name(s): _____

Building Owner's Phone Number(s): _____

Local Contact Person Name & Number: _____

Approximate Square Footage: Length ____ X Width ____ = Total Square Footage ____

Number of Stories: Above Grade ____ Below Grade ____

Roof Covering: **(circle one)** Tar & Gravel Tile Composition Shingles Wood-

Shingles Metal Membrane Built Up Other _____

City of Salida Use Only:

Date: _____

Pass ____ Fail ____

Comments*: _____

*Please initial after comments

Short-Term Rental Unit Fire Department Checklist

In accordance with Salida Municipal Code section 6-5-30, all short-term rental units must pass a Salida Fire Department business inspection. This form constitutes the current specifications for meeting that requirement. Upon completion of this checklist, please sign, date and return it to the City of Salida, 448 E. 1st Street, Suite 112, Salida, CO 81201 along with the Short-term Rental Business License Application.

- _____ Address numbers are visible and easy to read from your fronting street (contrasting background with a minimum size of 4" by 1/2" brush stroke). **PHOTO REQUIRED**
- _____ All exit doors are free of obstructions.
- _____ All storage/housekeeping is neat and orderly.
- _____ Extension cords do not extend through walls, ceilings, floors, under doors or floor coverings, or be subject to damage.
- _____ Approved covers are in place on all electrical switch and outlet boxes.
- _____ All circuit breakers are labeled, in English, to show what they control. **PHOTO REQUIRED**
- _____ All multi-plug adaptors shall be UL Listed.
- _____ All water heaters have a pressure relief valve.
- _____ All natural-gas appliances have individual gas shut-off valves.
- _____ All combustibles are stored at least 3' away from gas appliances (water heater, furnace, etc.).
- _____ Smoke detectors are present in all sleeping areas. **PHOTO REQUIRED**
- _____ Smoke detectors are less than ten years old and have fresh batteries.
- _____ CO detectors are present in every level of the residence. **PHOTO REQUIRED**
- _____ CO detectors are less than ten years old and have fresh batteries.
- _____ Copy of Floor Plan.

*It is recommended that an ABC fire extinguisher be installed near cooking equipment and wood fired stoves.

I _____ (print name) do attest that I have completed my Short-Term Rental self-inspection to the best of my ability with honesty and accuracy. I agree to correct any deficiencies within two weeks of the self-inspection. If deficiencies are not corrected within the two week time frame, the Salida Fire Department may perform a follow-up inspection of my business for a fee.

Signature: _____ Date: _____

Congratulations, you have just taken steps to maintain a fire safe Short-Term Rental. We would like to thank you for your interest in this extremely important program.